VAN DRIVER

The Mahoning County Veterans Service Commission is accepting applications for the "part-time" position

of **VAN DRIVER**. An application may be picked up at the VSC office **or** on website . . . http://www.mahoningcountyoh.gov/JobPostings/tabid/716/Default.aspx

APPLICATION DEADLINE: MAY 28, 2010

SEND RESUME TO: MAHONING COUNTY VETERANS SERVICE COMMISSION (VD)

345 Oak Hill Avenue – Suite 100 YOUNGSTOWN, OH 44502-1400

OR E-MAIL blandgraver@mahoningcountyoh.gov

WAGE: Please send salary requirement with application (negotiable)

BASIC RESPONSIBILITIES: Transport veterans to the VA Medical Centers in Brecksville and Cleveland. van's orderly appearance. Provide a safe environment for van riders. Other duties as assigned involving van transportation.

QUALIFICATIONS: Veteran (honorable discharge – active duty for other than training),
High School diploma or equivalent, Valid Ohio Driver's License (no points last 2 years)...willing to submit to drug testing, Driving/Criminal Record Check

WORK SCHEDULE: Available to work MONDAY – FRIDAY 50 hours per two week pay period...Schedule may vary according to Agency need

Mahoning County Veterans Service Commission 345 Oak Hill Avenue-suite 100, Youngstown, OH 44502-1400 PHONE: (330) 740-2450 . . . FAX: (330) 788-3501

POSITION APPLIED FOR: VAN DRIVER

APPLICANT MUST BE AN HONORABLE DISCHARGED VETERAN NOTE: ATTACH DD214 OR EQUIVALENT

VETERAN: _	YesNo	Branch of Serv	ice:		_
Are you	receiving benefits fro	m the VA?	Yes	No	
If YE		Service Conno Pension Education	ected Compen	sation	
	GENERA	AL INFORMATIO	N		
Name:					
Last Address:	First				Middle Initial
Street	City		Sta	te	Zip Code
Telephone:	(home)			(alter	nate)
Social Security Number:					
	PER	SONAL DATA			
Date available to start?					
Are you available for (check	all that apply):				
Full-time employment	Part-time emplo	yment	_		
Temporary employment	Seasonal employ	ment			
Intermittent employment					
Have you ever been employ	ed by Mahoning Cou	nty?Yes	No		
Dates?					
Reason for leaving?					
Do you have any time commyour ability to perform the j		employer, indiv Yes		ool which r	night interfere with
If yes inlease evoluin:					

Are you able to perform the essential functions of the job for which you are applying with or without reasonable accommodation (please refer to job description)?YesNo					
If no, please explain:					
Have you ever been conv	ricted of a crime ot	her than minor traffic violation	ns?		
Yes No					
If yes, list dates and type:	s of offenses:			_	
	*NOTE: CONVICTI	ONS ARE NOT AN AUTOMATIC BAR TO E	MPLOYMENT		
Are you 18 or older?	-	Yes	No		
Are you authorized to wo	ork in the United St	ates?	Yes	No	
Do you have a valid drive	er's license?	-	Yes	No	
	ED	UCATIONAL DATA			
NAME AND ADDRESS OF SCHOOL OR COLLEGE	NUMBER OF YEARS COMPLETED	MAJOR SUBJECT OR DEGREE	SCHOLASTIC AVERAGE	DID YOU GRADUATE?	
High School	CONTRECED		AVERAGE		
				Yes No	
College or University				Yes No	
Other Schools Attended				Yes No	
Correspondence Schools				Yes No	
Describe briefly the type of work that you are best qualified to do by reason of background, education, previous employment, or training, and tell why you feel qualified for the position for which you are applying.					
List any skills you have which are relevant to the position for which you are applying.					

applying.
List any organization memberships and offices held. Exclude those that would indicate race, color, religion, sex, age, national origin, political affiliation, disability, and/or ancestry.

PERSONAL REFERENCES

(other than former employers and relatives)

Name	Address and Telephone	Occupation

EMPLOYMENT DATA

List all previous employment for the last ten (10) years in chronological order – <u>last position first</u> – including U.S. Military. Attach additional pages if need.

Current/Last Employer			Telephone
Address			Final Salary
Employment Dates	Position		Supervisor
From: To:			
Duties and Responsibilities		List Equipment, Ma	nchinery, and/or Software Used
Reason for Leaving			May we contact for reference?
			Yes No
Employer			Telephone
			·
Address			Final Salary
Employment Dates	Position		Supervisor
From: To:			
Duties and Responsibilities		List Equipment, Ma	chinery, and/or Software Used
Reason for Leaving			May we contact for reference?
			☐ Yes ☐ No
Employer			Telephone
			- Сорионе
Address			Final Salary
Employment Dates	Position		Supervisor
From: To:			
Duties and Responsibilities		List Equipment, Machinery, and/or Software Used	
Reason for Leaving		1	May we contact for reference?
			☐ Yes ☐ No

CERTIFICATION

I certify that all information contained in this application is true, complete, and correct to the best of my knowledge. I understand that any material omission, misrepresentation, or falsification of this information is grounds for dismissal from or refusal of employment. I hereby authorize investigation of all statements contained in this application and give permission to contact all or any of my previous employers, references, and/or schools for information. I also give my consent to contact the State Motor Vehicle Department for a Moving Vehicle Violation Report, if such information is required to perform the duties of this position. I indemnify and hold harmless all persons either providing or receiving information, verbal or written, pursuant to this application.

	(Signature)
 (Date)	

CONSENT TO RELEASE DRIVING AND CRIMINAL RECORD INFORMATION

Date:	
l,	(print your name clearly
hereby give the	Sheriff of Mahoning County, Ohio, or his authorized Deputy, permission to release an
criminal and/or o	riving records that I may have to Mahoning County Human Resources.
I hereby release t	he Mahoning County Sheriff, or his authorized Deputy, from any and all liability arising fror
information give	n as guaranteed under the Privacy Act.
Signature: _	
Address: _	
Social Security N	umber:
7 100 100 100 100 100 100 100 100 100 100 100 100	

FOR SHERIFF'S DEPARTMENT USE ONLY

REQUEST FOR CHECK OF DRIVING RECORD

I hereby authorize the release of the following information to Wells Fargo Insurance Services of Ohio on behalf of for purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.					
Appl	icant/Employee Sign	ature	Date		
1.	Reporting Act, Pu below will be use	olic Law No. 91-058, I here	604 and Section 607 of the Fair Credit by certify that the information requested e" as defined in the Act, and that the er purpose.		
2.	I further certify that if the applicant named below is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615 (a) of the Fair Credit Reporting Act.				
Signa	ature of Requester		Date		
TO:	P & C Marketing I Wells Fargo Insura FAX (330) 726-899	ance Services Ohio			
Nam	e of Applicant:				
Addı	ress:				
Date	of Birth:	SSN#	License#		